

That a patient, by dilatation of the wound under such circumstances, is not placed in a worse condition than a female after the operation of the Cæsarian section, is another position that we cannot admit—the wound of the intestine vastly aggravates the case. Recoveries too after this very formidable operation, or after having had the abdomen ripped up, cannot be said to be frequent, even under favourable circumstances. Michaelis has collected the reports of two hundred and forty-eight cases of the Cæsarian operation, of which one hundred and forty proved fatal; and Dr. Churchill asserts that the operation was done three hundred and sixteen times between the years 1750 and 1841, with a mortality of 52.8 per cent, and it is matter of notoriety that many unfortunate cases have occurred which have never been noticed in print. Small wounds of the peritoneum, as those made with a penknife, or in the operations for hernia, or tapping, generally do well, but as a class they must always excite the most serious apprehensions, and when extensive, or accompanied with a wound of the small intestine, a fatal termination of them should be given as the common rule of prognosis, and the recoveries he looked upon as the exceptional cases. We are led to suspect that the views of Dr. Gross on this point may possibly have had some bias from the happy results he constantly observed to follow his experiments upon brutes. What he has himself stated in another part of his memoir (p. 208) in regard to the comparative results of operations upon animals and upon man, appears to contradict, in some degree, the assertion made in this place, relative to the unfrequent occurrence and little danger attendant upon abdominal wounds, and expresses so well our own views that we cannot do better than repeat it. "It should not be forgotten that an operation which is perfectly successful upon an inferior animal, may, when performed upon the human subject, be followed by the worst consequences. In the one, disease is exceedingly rare; in the other, it is not only frequent, but capable of assuming a vast variety of forms, and of sapping the foundations of life when least expected. In the one, peritoneal inflammation is not only uncommon, but, when developed, seldom attains any considerable height; in the other, it is not only easily excited, but extremely apt to terminate fatally."

G. W. N.

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- ART. XVI.—1. *The Annual Report of the Court of Directors of the Western Lunatic Asylum, to the Legislature of Virginia, for 1842*, pp. 62.
 2. *The Annual Report of the Physician and Superintendent of the Eastern Asylum, in the city of Williamsburg, Virginia, for 1842*, pp. 38.
 3. *Twenty-sixth Annual Report of the state of the Asylum for the relief of Persons deprived of the use of their Reason*, pp. 28.
 4. *State of the New York Hospital and Bloomingdale Asylum, for the year 1842*, pp. 32.
 5. *Sixth Annual Report of the Trustees of the Vermont Asylum for the Insane*, pp. 16.
 6. *Tenth Annual Report of the Trustees of the State Lunatic Asylum at Worcester, December, 1842*, pp. 116.

THE season for the publication of the annual reports of the institutions for the Insane in the United States, has again passed, and copies of those documents from all the Asylums at which they are issued, with but two exceptions, are now before us:—they are richly laden with the results of the experience of another year; they bear evidence of advancement in a knowledge of the disease upon which they treat; they are well adapted to the dissemination among the community of more accurate ideas in regard to the most unfortunate malady which "flesh is heir to." Several of them were noticed in the last number of this Journal. A brief review of the others, the titles of which are above, will now occupy our attention. Before proceeding, however, to the prosecution of this object, we wish to point out an error which, though of no great magnitude, is of sufficient importance to justify a rectification.

In the Report of the Maine State Asylum, we observe the phrase "*Mr. Tuke*,

the venerable physician of the York Retreat, England;” and in several other documents, the gentleman therein mentioned has been spoken of as *Doctor Tuke*. Samuel Tuke is not a physician, but a Tea-merchant in the city of York. He has long been connected with the Retreat, as a manager, and hence has been enabled to prosecute those observations the valuable results of which have been imparted to the profession.

1. The legislature of Virginia, during its session for 1842, made an appropriation of \$22,000 for the support of the “Western Asylum,” and another of \$24,000, for the erection of three additional buildings to that establishment, one for the accommodation of forty-five female patients, and two others,—“lodges”—for sixteen patients, each. These buildings have been commenced, and are to be completed on or before the first day of July, 1844.

The following are the statistics of this asylum for the year 1842.

	Men.	Women.	Total.
In the Asylum at the commencement of the year,	58	41	99
Admitted during the year	47	6	53
Whole number “ “ “ “	105	47	152
Discharged “ “ “ “	17	9	26
Died “ “ “ “	13	2	15
Eloped “ “ “ “	1		1
Remaining at the end of the year	74	36	110
Of those discharged, there were recovered	13	6	19
“ “ improved and unimproved	4	3	7

The discrepancy of numbers between men and women arises from the fact that the accommodations for the former are much more extensive than for the latter. The departments will be nearly equalized by the construction of the edifices afore-mentioned, the necessity of which appears urgent, inasmuch as the number of female applicants waiting for admission is “upwards of eighty.”

Of the 152 patients, but 21 had been insane less than one year, and 22 from one to three years, the remainder having been so during different periods, from three to thirty years. The Superintendent urges upon the legislature the importance of authorizing a discharge of harmless incurables, to make room for cases of recent origin. So long as the accommodations are insufficient for all the applicants, the arguments in favour of this course are too obvious to require repetition.

In an article on “Medication” Dr. Stribling deplors the ignorance of medical men “in the general,” in regard to Insanity.—“There is one evil,” says he, “resulting from this want of information, of so frequent occurrence and so mischievous in its character, that we cannot, even at the risk of being deemed presumptuous, refrain longer from raising our voices against it, and calling upon physicians throughout the commonwealth to halt in a course which hut too often aggravates, and that in a ten-fold degree, the horrors of a malady for the relief of which their interposition has been sought. It rarely happens that a patient is brought here, after having been previously under the care of a medical practitioner, in regard to whom it cannot be said that he has been *well bled, blistered and purged.*” So indiscriminate and universal is this practice, and to such an extent is it frequently prosecuted, that it numbers among its victims those labouring under every form, degree, and duration of insanity! But those who are most exposed to it, and in the greatest degree injured by it, are individuals afflicted with active mania. Here the practitioner rarely fails to attribute the usual consequences which result alone from nervous excitement, to inordinate arterial action.” Dr. S. recognizes exceptions to this rule, but in all cases to which it is applicable recommends the use of cold applications to the head, warm pediluvia, a gentle laxative and narcotics. “As a general rule,” he proceeds, “we prescribe what would be equivalent to 100 drops of landanum, to be repeated at intervals of six hours, and the dose to be cautiously increased until a decided effect, either for good or harm is produced. * * * After narcotics have been used for a season, we combine with these some mineral tonic, and have often found the most beneficial effects to result from the combination.—Iron in

some one or other of its preparations, is usually prepared for this purpose." The Report contains a detail of several cases which have been treated in the Asylum and a valuable article on "Simulated Insanity." We regret to learn that the health of Dr. Stribling is in a precarious state, and trust that its renovation may still secure, for years to come, his valuable services to the institution with which he is connected.

2.—In the Eastern Asylum, of Virginia, the number					Men.	Women.	Total.
of patients at the commencement of the year was					60	37*	97
Admitted during the year					13	14	27
Whole number					73	52	125
Discharged					11	6	17
Died					5	10	15
Remaining at the end of the year					57	36	93
Of the discharged there were Restored					10	5	15
" " Unimproved					1	1	2

Of thirteen recent cases admitted between the 1st of July 1841 and the corresponding day of 1842, twelve were discharged restored. After some remarks upon this result, and the introduction of the per centum of cures in some other asylums, the Superintendent, Dr. Galt, says, "I am led to believe that there is no insane institution, either on the continent of Europe, in Great Britain or in America in which such success is met with as in our own." Granting to the Dr. that this inference is derived from fair and accurate premises, such as would place the institution under his direction upon an equality with the others which are the subjects of comparison, we must still be permitted to believe, and we think the Dr. will himself coincide with us in the opinion, that the experience of but one year, is altogether inadequate to justify a conclusion so general and so positive.—He cannot be unaware of the fact that numerous contingencies, entirely beyond the control of the Physician, may materially effect the proportion of cures, and that though they may combine in his favour one year, and raise that proportion to its maximum, their influence may be opposing the next, and diminish the number restored to its minimum. Dr. Bell, of the McLean Asylum, who deprecates the division of patients, in statistical reports, into "old" and "recent," says: "During some years, as in 1838 for illustration, we have had so entirely the co-operation of friends in a due perseverance, that we should have been able to report the recovery of 100 per cent. of cases presumed to be recent."—This result exceeds that of the Eastern Asylum by $7\frac{2}{3}$ per cent. Again, says the same writer, "the records of this Asylum justify the declaration that *all cases certainly recent*, that is whose origin does not either directly or obscurely run back more than a year, recover under a fair trial. This is the general law; the occasional instances to the contrary are the exception."

Now, one reason why the institutions for insane do not report from year to year a greater proportion of cures of the "recent" cases treated in them, is found in the fact that those cases have not all been submitted to "*a fair trial*"—some of them being prematurely removed, and others having been received but a short period, perhaps but a few days previous to the time of making the report. These disadvantages did not exist in the cases reported by Dr. G.—since they all recovered with the exception of one who died, and since his report was made *six months after the expiration of the year during which they were admitted*. Notwithstanding these evidences of dissimilarity of condition in his objects of comparison, we grant, what cannot be denied, that the success of the Dr. was eminent, and sincerely hope that it may continue to be no less so in future years.

In a long article on "Treatment," it is stated that the principal medical agents relied upon in that asylum are "narcotics, tonics, purgatives, counter-irritants and baths." Opium is more used than any other article of its class. The

* These numbers are as they are given in the report. There is a discrepancy of one, as will be seen upon adding the two items.

maximum dose is from six to twelve grains, and that of either of the salts of morphia from two to three grains three times a day. "We have also employed opium," says the Report, "in a manner which we believe is peculiar to ourselves; that is, mixing it with tobacco and causing the patient to smoke it." We very much doubt whether this method of administration will be found as useful as those already in vogue. Sulphate of quinine is the most used as a tonic, and blisters on the back of the neck as counter-irritants. Much benefit has been derived from the use of the shower and the warm bath, the former in the morning the latter at night.

The remainder of the Report is occupied with remarks upon the various subjects usually discussed in documents of the kind. The whole indicates familiarity with most of the standard authorities upon insanity, and a laudable zeal in the undertaking in which its author is engaged. We cannot, however, in justice to the writer or to ourselves forbear to notice what we think must be evident even to the superficial reader, that it is written in a style too desultory, ideas very remotely connected with each other either by analogy, association or induction, being placed in such juxtaposition or succession as is only justified by one of those forms of relation.

3. At the "Asylum for the Relief of Persons deprived of the use of their Reason," near Frankford, Pa. the number of patients	Men.	Women.	Total.
at the commencement of the year was	29	29	58
Admitted during the year	12	13	25

Whole number	"	"	"	41	42	83
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Discharged during the year, 32; Died, 5; Remaining at the end of the year, 46. Of those discharged, 10 were restored, 6 much improved, 4 improved, and 12 unimproved. Of those remaining 3 were restored. The report of the physicians is brief, but contains judicious remarks upon the "Supposed cause," its duration, and forms, and upon recoveries, discharges, and deaths.

4. The Reports of the New York Hospital and the Bloomingdale Asylum are, as usual, combined, the latter institution being a branch of the former.

The number of patients in the Bloomingdale Asylum, Men.				Women.	Total.	
January 1st, 1842, was				78	55	133
Admitted during the year				48	58	86
Whole number				126	93	219
Discharged, cured				29	26	55
“ “ improved				9	6	15
“ “ by request				23	9	31
Died				4	3	7
Eloped				1	0	1
Remaining, Jan. 1st, 1843,				61	49	110
Total				126	93	219

Recent cases admitted, from 1823 to 1842 inclusive, 1394; Of which, discharged cured, 1064; old cases admitted, 1065; cured, 131. Whole number admitted from 1821 to 1842, inclusive, 2684; of which were cured, 1255; died, 247.

The Report of Dr. Wilson contains observations upon the utility of asylums, an exposition of some of their advantages, and a short account of the institution with which he is connected.—The last mentioned is here extracted:

The Bloomingdale Asylum "is the Insane Department of the New York Hospital, the governors of which institution, at an early period of its existence, were induced to appropriate apartments for the insane in the Hospital, as there existed no institution in the State for the reception and cure of that description of patients; but as the building was not designed for that purpose, the accommodations were found to be extremely inconvenient and inadequate, and the applications for insane persons constantly increasing, it was resolved, in 1806, to

Whole number recovered,	- - - - -	179
" " Died,	- - - - -	21
Discharged not recovered,	- - - - -	111

The number of patients admitted was greater than during any previous year. Two cases recovered which were of six or eight years standing. In one of them the principal means employed to effect a restoration was "constant and useful labour." No suicide has ever occurred in this asylum. The Institution is furnished with a library of 400 volumes, for the use of the patients; and a cabinet of minerals has been commenced. It is presumed that the annals of history, whether written or unwritten, can furnish no parallel to this asylum in regard to the publication of a newspaper wholly conducted by lunatics. "The Asylum Journal," commenced by the patients about a year since, is managed with no inconsiderable ability. Dr. Rockwell has furnished this year, as he has in his previous reports, an excellent example of the *multum in parvo*.

6. During the past year, the establishment of the Massachusetts State Lunatic Hospital has been improved by the erection of a new barn and the conversion of the old one "into a building two stories high with a room for an engine, and a shop for carpenter and cabinet work on the lower floor, and with a shoemaker's shop, and a shop for the manufacture of mattresses on the second floor." The trustees, in the Report before us, urge upon the State legislature the necessity of enlarging the hospital, on account of its present incapacity to accommodate nearly all the applicants for admission. "There are only 229 rooms for the accommodation of patients, and there has been no time during the year when they have not all been occupied, and most of the time there have been more patients than rooms.*** There have been during the year, one hundred and fifty-seven applications in behalf of persons who were not admitted at the time when the applications were made, and one hundred and thirteen of them have not been admitted at all.

"The trustees therefore are of the opinion that accommodations for at least one hundred and fifty more patients should be provided.****The most advisable plan seems to be to add two wings, one to the north and one to the south, so joined to the existing building that the present kitchens may serve also for the additions." Agreeably to these suggestions, the legislature, during its recent session, authorized the proposed enlargement.

	Men.	Women.	Total.
were in the Hospital on the 1st of			
December, 1841,	116	116	232
Admitted during the year,	107	91	198
Whole number,	223	207	430
Discharged,	96	83	179
Died,	3	9	12
Remaining November 30th, 1842,	124	114	238
Of those discharged there were recovered,	44	44	88
" " " " improved,	13	12	25
" " " " incurable,	39	27	66

"During the past season," says the Report, "erysipelas with tendency to supuration and gangrene, has been somewhat prevalent in this vicinity, and a few cases have occurred among our patients, none of which have proved fatal. Three or four of these cases had extensive supuration, and were quite severe, but the free application of nitrate of silver arrested the progress of the inflammation. In three cases, in the incipient stage of the disease, the free use of the caustic, so as to destroy the scarf skin, entirely arrested the progress of the inflammation, and the case was ended at once."

"In every department of industry the labour has been more productive than in any former year. The products of the farm have greatly increased, and mechanical employments have engaged a greater number of workmen, with greater comfort than heretofore. More than \$1000 worth of shoes have been made,

yielding a nett profit of \$125⁵²/₁₀₀ to the Institution. Many useful articles are made, and all repairs of furniture for the establishment are done in the carpenters' and cabinet shops, and one patient has "prepared all the hair and made and repaired all the mattresses necessary for the season." "Of the fifty tons of hay gathered this season, seventy-five per cent. of it was probably mowed, made and gathered in by the patients. From twenty to thirty workmen were often in the field at one time, all busily employed." "At one of my daily visits to the hay-field," says Dr. Woodward, "I found *four homicides* mowing together, performing their work in the best manner, and all cheerful and happy." Other departments of labour, the usual course of amusements, and the meetings for worship have been continued as usual. Of the 430 patients in the hospital during the year "nearly four hundred have attended the chapel exercises more or less." A valuable Meteorological Journal is appended to the Report.

Ten years having elapsed since the Institution at Worcester went into operation, Dr. W. has taken the present occasion to enter more extensively than heretofore into general data—data which can be satisfactorily attained only by the collection of a large number of cases. Hence this Report is more valuable than any by which it has been preceded. We proceed to select some of the most important information.

During the ten years the whole number	Men.	Women.	Total.
of patients admitted was	806	751	1557
Whole number discharged,	621	579	1200
“ “ Died,	67	47	114
“ “ Eloped,	-	-	4
Discharged, recovered,	328	348	676
Cases, which, when admitted were			
of less duration than one year	699;	More than one year,	856
Of which recovered,	535;	Of which recovered,	141
“ “ Died,	32;	“ “ Died,	82
“ “ Remaining in Hospital,	40;	“ “ Remaining,	198
	Admitted.	Discharged.	Recovered.
Winter,	324	227	138
Spring,	434	325	164
Summer,	406	339	174
Autumn,	393	313	200
	1557	1204	676
Cases in which the disease arose		Single	823
from physical causes,	703	Married,	584
“ “ Moral	459	Widowers,	50
“ “ Unknown,	395	Widows,	100
	1557		1557

On page 53 of the Report there is an interesting table, being the first attempt that we have seen, to ascertain by statistical investigation, the relation between occupation or employment, and the causes of insanity. 'The conclusion derived therefrom is, that "intemperance is the bane of the active, and the 'secret vice' of the sedentary occupations."

Dr. W. thus refers to the new doctrine of "Millerism," as a cause of mental alienation. "Some new views of religious truth have recently disturbed many persons who have deep solicitude for their future well-being, and have brought a number of patients under our care. Some of those views are greatly calculated to alarm those who entertain them, and I fear that, for some months to come, this agitation of the public mind may, in this and other communities, add many to the list of the insane." "Religion, in any view of it, is a solemn subject of contemplation. No individual can feel indifferent to it who has a rational mind, and feels his responsibility to God for the actions of his life. But it is particularly desirable that all consideration of it should be calm and dispassionate, that we should

live it, in our several spheres of duty, rather than seek new dogmas which distract the mind and unfit it for the high responsibilities of this life, or for suitable preparation for the elevated pleasures of a future existence."

Of recoveries, there has been a greater number in patients between 40 and 50 years of age, than of those in any other decennium of life.

Twenty-two patients have recovered who had been insane from 5 to 10 years; 6 who had been insane from 10 to 15 years, and one who had been insane between 15 and 20 years.

The following table exhibits the diseases which have proved fatal, and the number of patients who have died of each of them.

Marasmus,	25	Diarrhœa,	2
Epilepsy,	14	Dysenteric Fever,	2
Consumption,	10	Disease of brain from intemperance,	2
Apoplexy and Palsy,	10	Lung Fever,	2
Suicide,	7	Bronchitis,	2
Disease of Heart,	7	Erysipelas,	2
Cholera Morbus,	4	Old Age,	1
Hemorrhage,	4	Gastric Fever,	1
Inflammation of Brain,	4	Congestive Fever,	1
" of Bowels,	3	Land Scurvy,	1
Mortification of Limbs,	3	Disease of Bladder,	1
Dropsy,	3		
Chronic Dysentery,	3	Total,	114

In the two cases of death resulting from bronchitis, the disease was of the chronic form and followed wounds of the trachea made in attempts at suicide. Of 167 patients in whom there was a propensity to suicide, but 7 have succeeded in effecting the destruction of life, and neither of these has been within the last eighteen months. "In some families," says the Report, "there is a strong natural propensity to suicide, no love of life, and no firmness to bear the calamities incident to it. *One patient under our care had twenty male relatives, more or less nearly connected with him, who had committed suicide.* Suicide is also contagious or epidemic. In institutions for the insane, there are periods when we have great solicitude on this account, and other periods when we have comparatively little. In the community such cases rarely occur alone. Suicide is often *impulsive*, the means at hand often excite an irresistible desire, or equally repulsive dread; in the one case the means are applied, in the other cautiously put away or avoided. I have often had patients give me knives, scissors, cords, &c., fearing they might be tempted to use them, yet sometimes these same individuals will secret them about their persons or rooms."

In an interesting article on "Recommitments," it is stated that "there have been 308 persons in the hospital who have had more than one attack of insanity; many of these had been periodical for years before they were committed to our care. *One hundred and eighty-nine* that had been discharged have been *recommitted*, and a few of them more than once. Of the recommitted, 68 had recovered and 121 had not recovered. Of the 68 who had recovered, the cases of 49 are arranged in a tabular form, so as to exhibit "the length of time they were confined at each period, the length of time they were well and with their friends, the time each was in confinement during the whole period after he was committed, and the proportion of time they were insane, "after they first entered the hospital. "The remaining 19 cases have not been kept in remembrance, and their history is not fully known." Of the aforesaid 49 cases, it appears that 39 have been in the hospital *twice*, 6 *three times*, and 3 *five times* each respectively, and 1 *eight times*." In neither of these cases was the patient admitted twice in the same year.

In regard to those cases in which the disease appears to occur more than once, the Report states as follows: "The rule which we have adopted has been to consider all recurrences within a year (after apparent cure) *relapses*, and recurrences after longer periods, *new attacks*. We may make a few exceptions to both of these rules." The distinction appears to us to be judicious, and removes the pos-

sibility of the same patient being reported as cured *twice* during the same year, a contingency the probability of the occurrence of which has been advanced as an argument against the accuracy of the statistics of insanity.

The article now under consideration is one of the most valuable portions of the Report, and we regret that our limits prevent the propriety of copious extracts. One only must suffice. It presents a fearful picture, the more so, as coming from one whose experience and observation has been such as to convince us that it is no fairy sketch of the imagination. "Political strife, religious vagaries, over-trading, debt, bankruptcy, sudden reverses, disappointed hopes, and the fearful looking for of judgments which are to dissolve the natural elements of time, all seem to have clustered together in these times, and are generally influential in producing insanity. The hospitals are filling up most fearfully with the victims of these evils, and the predisposed and periodical are, in great numbers, plunged by them into the vortex of disease."

Twenty-four pages of the Report are occupied with an essay on "Impulsive and Homicidal Insanity," including a history of fifteen cases of actual homicide, and of five others in which attacks with deadly weapons were made, but which did not result in fatality to life. The prominence of the subject of insanity in its connection with criminal jurisprudence, induces us to extract the following remarks.

"In general, homicidal insanity is impulsive; in a few cases only, so far as I have known, has there been any considerable premeditation of the act, even in cases of supposed command from powers which the insane individual felt bound to obey. The command and the execution of it are both impulsive, and generally follow one another in such quick succession, that the opposing influences are not aroused to interfere and prevent the deed."

"Seven of the fifteen cases of homicide that have been in the hospital, *were not considered insane before they committed the act.* They were at work at their several employments, were not observed by those associated with them to have any evidence of alienation of mind, knew as well as others right from wrong, how to manage their affairs and conduct their business well. The first overt act of insanity was the homicidal act, and that was impulsive. Yet in all these cases, the symptoms of insanity have been clear and decisive since the patients came to the hospital.

"In this connection it may not be improper to say, that of all the cases that have come to my knowledge, and I have examined the subject with interest for many years, I have known but a single instance in which an individual arraigned for murder, and found not guilty by reason of insanity, has not afterwards shown unequivocal symptoms of insanity in the jails or hospitals where he has been confined; and I regret to say, that quite a number who have been executed have shown as clear evidences of insanity as any of these. In a large proportion of the cases, the insane man is desirous to keep the evidence of his mental alienation out of sight rather than to present it, while he who feigns insanity generally presents it in caricature.

"I am aware that the plea of insanity is often made in criminal trials, and may be made so often as to excite public prejudice; but till the subject is better understood, it cannot be too frequently or too thoroughly investigated. The old boundaries *have been or will be* broken down, and new principles will govern courts and jurors in deciding upon the lives of their fellow men.

"The abstract principles of right and wrong are as well understood by a large proportion of the inmates of insane hospitals, as in the community at large. Even in sane communities, the question of *right* and *wrong* is every day considered by courts and jurors, and how often are they unable to agree as to what is right, or decide what is wrong! In many cases of controversy the parties are often both honest in their opinion of *right*, though diametrically opposite to each other. Shall more be required of insane than of sane men, in such circumstances?"

We extract two of the cases reported, one of them from the actual homicides, and the other from those in which the attempt proved unsuccessful.

CASE I.—“A— L— was tried for the murder of his wife in 1833. He was acquitted on the ground of insanity, and ordered to be committed to the State Lunatic Hospital, into which he was admitted in February, 1834.

“L— had for years been subject to depression of spirits and turns of great despondency, in which every evil that could befall him was apprehended. He sometimes kept his bed at such times, refused to take his food, was irritable and ill-natured, could not hear contradiction or opposition of any kind. When well he was an industrious man, a miller by trade, a good husband and kind father. A day or two previous to the homicide, he had one of the turns of gloom and depression. In these paroxysms he sometimes contemplated suicide, and at this time particularly. His pistol was loaded ready for the dreadful act at any moment when he should feel sufficiently desperate.

“He came into the house where his wife and one or more children were sitting together; she had put away the powder and emptied the pan, fearing he might injure himself. Very soon after he came in, he took the pistol, examined it, and finding no priming, asked his wife in a peremptory tone for the powder horn. Instead of informing him where it was, she said entreatingly, “If you have no regard for your own life, do think of your poor children.” In a moment he presented the pistol to her breast, and snapped it. It went off and killed her immediately. He then seized a razor, ran to the barn and cut his own throat. The wound was not mortal and he was immediately arrested. At his trial the jury rendered a verdict of not guilty, by reason of insanity.

“My impression has always been, that L— did not intend to kill his wife one moment before the dreadful deed was irrevocably done. He thought of using the pistol for himself, but finding that his wife had taken away the powder to prevent the act he contemplated, he became irritated, and her reply to his inquiry excited an impulse that resulted in the fatal homicide.

L— was a good patient while in the hospital, but, especially in the early part of his residence here, had occasional periods of gloom which would induce him to be dull, ill-natured, and sulky. He would then lie in bed and take no food for some days. At these times he was jealous, irritable and passionate, and sometimes thought his food was poisoned. When he got over these turns he would be very comfortable. He improved favourably, and after three or four years was discharged, recovered. We have from time to time heard that he has continued well since he left the hospital. His temper is irritable and he has always impulsive.”

CASE II.—“The husband of Mrs. H— B— was intemperate and neglected his family. Mrs. B— was an excellent woman and an exemplary christian. She became depressed, but not so much so as to be considered dangerous. She contemplated suicide for some time, but suddenly was impelled to take the lives of her children, to save them from the cruelty and neglect of a drunken father. With a razor she inflicted dreadful wounds on a little boy ten years old, cut the muscles and tendons of the neck so effectually as to destroy all power of raising or holding up his head. The boy escaped from her grasp and hid among the vegetables in the garden, and thus saved his life. On the neck of the little girl, two years old, she inflicted twenty gashes, and would certainly have killed her if she had not been rescued from her hands. A neighbouring woman who had heard the cries of the children, went to their relief; she was seized by the distracted woman and cut badly upon the cheek before she could escape from her grasp. Two young men then came to their assistance, and she was arrested, secured, and soon brought under our care.

“For a long time she appeared uneasy, was easily agitated, and yet said little or nothing. Her countenance was wild and phrenzied, everything startled her, yet she was mute and apparently unconscious where she was, or what she had done. Some weeks after she came to the hospital, having had intelligence from her family, I informed her that I had heard from her friends, and that they were all comfortable. She seemed greatly agitated, and came to me a few minutes afterwards, her eyes swimming with tears, and said most imploringly, “Will you protect me?” I promised her my protection, told her she was entirely safe

and need fear no injury, while she was in my care: she was pacified and sat down calmly and quietly. Her recovery was slow, but she improved favourably, not however without many turns of agitation and alarm, which led me to suppose that the dreadful reality of her wounded and suffering children continually haunted her mind. She now conversed some, worked daily, but said nothing of her children, nor did she make any inquiries concerning them. Fortunately the children got well; and their recovery perhaps saved her from perpetual insanity.

"One day, while she was in her room quietly engaged in her work, a wild and mischievous insane girl, in a moment of excitement, called her a 'murderer.' The effect was electrical, she was agitated and distressed beyond measure; she screamed and wrung her hands in agony, exclaiming, 'Am I a murderer?' It was a long time before she could be appeased; she was answered that she had killed no one, that her family were well, and that there was no reason for the offensive language used to her.

"When told what had really happened, she said that she had a dreamy recollection of something of the kind, that she feared something had been done by her, but hoped that, among other imaginations, this was also one. The recovery of the children was favourable, and our patient improved regularly until she was entirely well. She has since been with her family, in all respects as well as before this attack of insanity."

P. E.

ART. XVII.—*On Gravel, Calculi and Gout: chiefly an application of Professor Liebig's physiology to the prevention and cure of these diseases.* By H. BENCKE JONES, M. A., Cantab., Licentiate of the College of Physicians, Fellow of the Chemical Society. London, Taylor and Walton. 1842, pp. 142.

To review a work professing to apply professor Liebig's views in physiology to the causes and treatment of urinary disorders, is a task, at the first glance, almost appalling to any but a professed chemist; and we were not altogether free from a feeling of hesitation in attempting it. To unravel the vast and changing series of newly described and named organic compounds, with all the algebra of their striking and characteristic formulæ, seemed indeed rather a labour for one employed in analytical investigations than of a practitioner in medicine. Yet on the other hand, the very nature of the new doctrine calls upon medical men to make themselves acquainted with that which bids fair to explain so many important points in physiology and pathology, and to add the daring hope of a large accession to our means of successful practice in curing and preventing disease. Either the physician must travel out of the record of his former proceedings, and assume the responsibility of pronouncing opinions in chemistry, the science so long existing exclusively by the labours of his predecessors, and which may be said to have been discovered by them, or he must now expect to find the chemist adopting a parallel course, and becoming his competitor in the practice of medicine and hygiene. It is impossible, indeed, to do justice to the various important diseases which complicate or produce weak health, without the full employment of this philosophy, so characteristic of the age.

With these views, we enter upon the labour with a feeling of necessity and duty; and must view it in a medical and not a chemical point of view. Still, however, for those who are enabled to pursue it with adequate labour, the face of Organic Chemistry appears to us to present a far less disheartening aspect than in former years. The very circumstance of an enormous extension in amount of inquiry and knowledge has had in this science, the same result as in so many others; that of affording more general rules and an ampler and more extensive induction. That which before appeared, at least to us, as a vast field of detached and apparently unconnected detail, growing naturally out of the labours of the apothecary or the manufacturer, and diversified to a degree which has often astonished philosophers, fatiguing to the memory, and incapable